

PTO/SB/08a/b (08-03)
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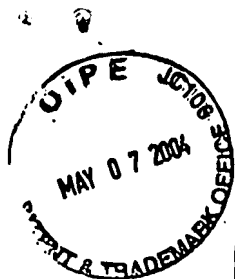
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| Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | | | Complete If Known | |
| | | | | Application Number | 10/708,360-Conf. #2359 |
| | | | | Filing Date | February 26, 2004 |
| | | | | First Named Inventor | William B. Geissler |
| | | | | Art Unit | 3731 |
| | | | | Examiner Name | Not Yet Assigned |
| Sheet | 1 | of | 2 | Attorney Docket Number | 022956-0257 |

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| | | Country Code 3 - Number 4 - Kind Code 5 (if known) | MM-DD-YYYY | | | |
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| Examiner Signature | /Michael Mendoza/ | Date Considered | 09/19/2007 |
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| | | | | First Named Inventor | William B. Geissler |
| | | | | Art Unit | 3731 |
| | | | | Examiner Name | Not Yet Assigned |
| Sheet | 2 | of | 2 | Attorney Docket Number | 022956-0257 |

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|----------------|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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|-----------------------|-------------------|--------------------|------------|
| Examiner Signature | /Michael Mendoza/ | Date Considered | 09/19/2007 |
|-----------------------|-------------------|--------------------|------------|

ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18

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| Title of Invention | METHODS AND DEVICES FOR REPAIRING TRIANGULAR FIBROCARILAGECOMPLEX TEARS | | | | | | |
|--|---|---|------------|--|------|-------|----------|
| Application Number : | | 10/708360 | |  | | | |
| Confirmation Number: | | 2359 | | | | | |
| First Named Applicant: | | William Geissler | | | | | |
| Attorney Docket Number: | | 022956-0257 | | | | | |
| Art Unit: | | 3731 | | | | | |
| Examiner: | | Not Yet Assigned | | | | | |
| Search string: | | (5500000 or 20030120276 or 6302915 or 5618314).pn | | | | | |
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| Note: Applicant is not required to submit a paper copy of cited US Patent Documents | | | | | | | |
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| Signature | | | | | | | |
| Examiner Name | | | | Date | | | |
| /Michael Mendoza/ | | | | 09/19/2007 | | | |